

VIENNA POLICE DEPARTMENT POLICE OFFICER APPLICATION PERSONAL HISTORY STATEMENT

*This form must be completed in the **APPLICANT'S OWN HANDWRITING AND IN INK**. If any additional space is needed for any item, a separate sheet of paper can be used as long as proper reference is made to the questions being answered.*

1. Name:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div> <p><i>Include any former names or nicknames</i></p>		
Social Security Number:		Date of Birth:	
Place of Birth:		Height:	
If Applicable, Place of Naturalization:		Weight:	
City and State:		Eye Color:	
Date of Naturalization:		Hair Color:	
Naturalization Certificate Number:			
Address: Number and Street		Home Telephone Number:	() Area Code
City, State and Zip Code		Work Telephone Number:	() Area Code
Marital Status:		Name of Spouse:	
Address of Spouse:		Have you been married more than once? <input type="checkbox"/> yes <input type="checkbox"/> no	
<i>(If different from yours)</i>		If yes, how many times?	
Name(s) and Address(es) of Former Spouse(s):		Date of Divorce or Separation:	
		Location of Court:	
Total Number of Dependents:		Grounds:	
Name(s) and Age(s): <i>List Address(es) if different than yours</i>		Were you the <input type="checkbox"/> Plaintiff or <input type="checkbox"/> Defendant?	
Name of Father:		Name of Mother:	
Address: Number and Street		Address: Number and Street	
City, State and Zip Code		City, State and Zip Code	

Home Telephone Number		Home Telephone Number	
Work Telephone Number		Work Telephone Number	

Are your parents still married? Γ yes Γ no If no, are they Γ divorced Γ married Γ other (explain)
Have either of your parents remarried? Γ yes Γ no If yes, give the name(s) and address(s) of step-parents:
Were you raised by your parents? Γ yes Γ no If not, then by whom?
At what age and for what reasons did you move out of your parents' home?
Do you have any brothers, sisters, stepbrothers or stepsisters? Γ yes Γ no If yes, list name(s), address(es) and age(s):

EDUCATIONAL EXPERIENCE Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12						
	Name of School and Location	Dates		Graduate		Degree Type & Major
		From	To	Yes	No	
High School or GED						
College or University						
Trade						
Other						

High School Information	College or Technical School Information
What was your grade point average:	What was your grade point average:
Did you receive any honors or awards? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:	Did you receive any awards or honors? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:
Did you participate in any sports or extra-curricular activities? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:	Did you participate in any sports or extra-curricular activities? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:
Were you ever disciplined? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe:	Were you ever disciplined? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe:
If you did not graduate, explain why not:	If you did not graduate, explain why not:
How many semester hours or credits did you earn?	How many semester hours or credits did you earn?

Are you a member of any clubs, societies, fraternal organizations, etc.? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:
List any hobbies or part time interests:
Do you have any special talents, skills, trades, etc.? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:

Have you ever applied for a position at another law enforcement agency? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following:		
Agency	Position	Status

If you were rejected for any of the above, please explain, *excluding medical reasons*:

Have you ever attended or been enrolled in a police or public safety academy or school? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following:			
NAME OF SCHOOL	COURSE	DATES ATTENDED	DID YOU GRADUATE?
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

If you did not graduate, please explain, *excluding medical reasons*:

Are you currently certified as a police officer in the State of Virginia? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please give the name of academy and date of graduation:
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List Driver's License Number and State of Issuance:
Has your license every been revoked <input type="checkbox"/> yes <input type="checkbox"/> no or suspended? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:

Have you ever been convicted of or forfeited collateral for a traffic offense? ☐ yes ☐ no If yes, explain:

Have you ever shoplifted? ☐ yes ☐ no If yes, explain:

Have you ever been charged and/or convicted of any breach or violation of any law, police regulation or ordinance?
☐ yes ☐ no If yes, explain:

Are you a member or have you ever been a member of any communist or subversive organization or any political party or organization which advocated the overthrow of the constitutional form of government in the United States, or do you have membership or any affiliation with any group, association or organization which advocates or lends support to any organization or movement advocating the overthrow of the constitutional form of government in the United States?

☐ yes ☐ no If yes, name the organization and give details concerning your membership:

Have you ever been in possession of **ANY** drug or narcotic that was not prescribed to you by a physician or were you ever involved in the sale of either? ☐ yes ☐ no If yes, detail the substance, in what amounts, the frequency and the last time used.

Do you use any tobacco products (cigarettes, cigars, pipes, chew and/or snuff)? ☐ yes ☐ no This department requires that all new police officers be non-tobacco product(s) users. You will be required to sign an employment contract to that effect.

Are you now, or have you ever, been sued? ☐ yes ☐ no If yes, explain:

Have you ever been adjudicated bankrupt or made assignment for benefits of a creditor? ☐ yes ☐ no
If yes, list date, name and location of court:

Have you ever been refused credit? ☐ yes ☐ no If yes, explain:

Do you presently have any charge or credit card(s)? ☐ yes ☐ no If yes, complete the following:

Company	Account Number	Account Balance	Monthly Payment

Have you ever been a member of the armed services? ☐ yes ☐ no If yes, complete the following:

Highest Rank Achieved:	Rank When Discharged:
Date of Discharge:	Did you receive an honorable discharge? <input type="checkbox"/> yes <input type="checkbox"/> no

During your military service time, were you ever disciplined or did you ever appear before your commanding officer or other person(s) representing him for disciplinary reasons? ☐ yes ☐ no If yes, explain:

Are you required to register with the Selective Service Agency? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, are you registered? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following:	
Draft Board Address:	
Draft Classification/ Lottery Number:	

References: List three persons who have known you for at least one year, are not related to you and reside in the United States.			
Name	Street Number & Address	City, State and Zip Code	Telephone Number
			Home: () Work: ()
			Home: () Work: ()
			Home: () Work: ()

Former Residences: List chronologically, starting with your most recent address and including all former residences where you have lived in the last 10 years. Also, list the name(s) and address(es) of any neighbors or roommates who knew you while living at these residences.			
Dates	Address, City, State and Zip Code	Neighbor's Name and Telephone Number	Neighbor's Address, City, State and Zip Code
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Work Experiences: List chronologically all your work experiences, beginning with your first employer.

APPLICATIONS WILL NOT BE PROCESSED UNLESS NAMES, ADDRESSES, ZIP CODES AND PHONE NUMBERS ARE INCLUDED.

Date	Name of Employer and Supervisor	Address, City, State and Zip Code of Firm	Position and Ending Salary	Reason for Leaving <i>Exclude Medical Reasons</i>
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

[illegible]

In your own handwriting, state why you want to be an employee of the Vienna Police Department. This statement is to be no less than 25 words nor longer than 100 words.

[illegible]

I UNDERSTAND THAT ALL OF THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. THIS DOCUMENT WILL ONLY BE USED TO VERIFY MY PERSONAL HISTORY AND ASSIST IN DETERMINING MY EMPLOYMENT SUITABILITY. ALL INFORMATION IS SUBJECT TO A THOROUGH REVIEW BY AN APPLICANT INVESTIGATOR. ANY DELIBERATELY FALSE, MISLEADING, INACCURATE, INCOMPLETE OR KNOWINGLY UNTRUTHFUL ANSWERS TO ANY QUESTION(S) WILL BE CAUSE FOR REJECTING ME FOR EMPLOYMENT WITH THIS DEPARTMENT.

I hereby certify that all of the foregoing answers and statements are accurate and true to the best of my knowledge.

Applicant's Signature

Date

THE FOLLOWING MUST BE EXECUTED BY A NOTARY PUBLIC:

State of _____ City/County of _____ on _____

On this day personally appeared before me the above-named applicant, _____, whose name is subscribed above, and who, having been first duly sworn by me, made oath that the statements made in the foregoing Town of Vienna Police Officer Application and Personal History Statement are true and correct to the best of his/her knowledge.

Signature: _____ My Commission Expires: _____

APPLICANT PLEASE NOTE:

Before this application can be processed, copies of the following documents must be submitted. ***Do not send originals - they will not be returned.***

1. Birth Certificate
2. High School Diploma or Equivalency Certificate
3. Marriage License or Certificate
4. Divorce Decree or Legal Separation Papers
5. Naturalization Certificate
6. State of Virginia Police Officer Certification (if applicable)

**RETURN COMPLETED APPLICATION AND ALL RELATED DOCUMENTATION
TO:**

Administrative Services Office
Town of Vienna
127 Center Street, South
Vienna, Virginia 22180

APPLICATION DATA

The following information will be used for AA/EEO statistical purposes only. This section will not remain with your application.

Name:

Sex: ☐ Male ☐ Female

Birth Date:

Race: ☐ Hispanic ☐ African American ☐ Caucasian ☐ Asian/Pacific Islander
 ☐ American Indian/
 Alaskan Native _____

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TOWN OF VIENNA
ADMINISTRATIVE SERVICES OFFICE
127 CENTER STREET, S.,
VIENNA, VA 22180

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Applicant's Name: _____ Date _____ of
Birth: _____

Social Security Number: _____

Driver's License No.: _____ State License Issued In:

This release, when presented by a duly authorized representative of the **VIENNA POLICE DEPARTMENT** will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and other information regarding my character and background.

Specifically, I hereby authorize the release of the following data and/or records to the **VIENNA POLICE DEPARTMENT**:

1. EMPLOYMENT INFORMATION (Including disciplinary actions and commendations).
2. EDUCATIONAL INFORMATION (Including the release of transcripts).
3. CREDIT INFORMATION.
4. SELECTIVE SERVICE INFORMATION.
5. CRIMINAL RECORDS AND OTHER INFORMATION FROM LAW ENFORCEMENT AGENCIES.
6. RESULTS OF POLYGRAPH TESTS AND BACKGROUND REPORTS DONE BY ANY OTHER AGENCY.
7. OTHER INFORMATION PERTAINING TO MY CHARACTER AND/OR PERSONALITY.

This authorization is given in connection with a full field background investigation being conducted relative to my application for employment with the **VIENNA POLICE DEPARTMENT**. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNED: _____ DATE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF
_____ 20__

SIGNATURE OF NOTARY

PUBLIC: _____

MY COMMISSION EXPIRES:

**VIENNA POLICE DEPARTMENT
POLICE OFFICER APPLICATION
PERSONAL HISTORY STATEMENT**

REFERENCE: _____

TO WHOM IT MAY CONCERN:

The individual named above is an applicant for the position of _____ with this Department. It is essential that we thoroughly screen all applicants, and I ask your cooperation in sending me scholastic data pertaining to this person.

Please use the reverse of this form for any additional comments. You have my assurance that your reply will be held in strict confidence.

We have enclosed a self-addressed and stamped envelope for your convenience. Your early reply will be appreciated.

Sincerely,

Robert A. Carlisle
Chief of Police

Enc.

I, _____, do hereby authorize the release of my complete school record, transcript of grades, and record of conduct while attending _____ this _____ school _____ from _____ to _____ to the Vienna Police Department, for their evaluation reference to my application for employment.

DATE: _____ SIGNATURE: _____

**VIENNA POLICE DEPARTMENT
POLICE OFFICER APPLICATION
PERSONAL HISTORY STATEMENT**

**CONDITIONS OF EMPLOYMENT AGREEMENT
FOR THE POSITION OF POLICE OFFICER**

I, _____, hereby:

1. Acknowledge that to be employed as a Police Officer, I must be a non-user of all tobacco products as of the date of entry into service, and that to continue my employment with the Vienna Police Department, I must remain a non-user of all tobacco products during my employment.
2. Acknowledge that a false or materially misleading representation by me as being a non-user of tobacco products on entry into service, or my use of any tobacco products after entry into service shall constitute grounds for my termination and separation from employment.
3. In consideration of employment as a Police Officer in the Vienna Police Department, agree to not use any tobacco products at any time so long as I am employed by the above-listed agency, whether on or off-duty, and that my failure to comply with the above-stated conditions of employment shall constitute good cause for my employer to terminate my employment.
4. Certify that, as of this date, I do not use any tobacco products.

DATE: _____ SIGNATURE: _____